FE6AN026

FEC FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**For Other Than An Authorized Committee

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							-
NAME OF COMMITTEE (in 1)	TYPE OR PI	RINT ▼	Example: If over the line		12FE4M5		
AMERICAN ACA	ADEMY OF EMER	RGENCY ME	DICINE POL	TICAL ACTI	ON COMM	ITTEE AAEN	I PAC
				1 1 1 1			
ADDRESS (number and	street) 555 East V	Vells Street, Suite	1100 	<u> </u>		1 1 1 1 1	
▼ Check if diffe				1 1 1 1 1		<u> </u>	
than previous reported. (AC	ily i Milwaukei	) 	1 1 1 1		w <sub>I</sub>	53202-3823	-
2. FEC IDENTIFICA	ATION NUMBER \	CIT	Υ▲	- <del></del>	STATE A	ZIP CO	DE A
C C00324780			S THIS EPORT	NEW (N) OR	☐ AM (A)	IENDED	
4. TYPE OF REP	ORT (b) Mont		20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Rep	orts:		20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15		12-Day <b>PRE</b> -Election	Primary	(12P)	General	(12G)	Runoff (12R)
Quarterly October	Report (Q2)	Report for the:	Convent	on (12C)	Special (	12S)	
· · · · · · · · · · · · · · · · · · ·	Report (Q3)		MAN	/ የነው /	****	in the	
	Report (YE)	Election	on on	<u> </u>		State of	
	Non-election	30-Day  POST-Election  Report for the:	General	(30G)	Runoff (3	BOR)	Special (30S)
Terminati (TER)	on Report	Election	on on	/ <b>D V D</b> /	*********	in the State	of C
5. Covering Period	04 01	/ V V V V 2016	throu	gh 06	/ D 0 /	2016	
I certify that I have ex	amined this Report ar	nd to the best of	my knowledge a	nd belief it is tru	ue, correct and	d complete.	
Type or Print Name o	f Treasurer						
Signature of Treasure		JU	21		Date 07	/ 08 /	2016
NOTE: Submission of f	alse, erroneous, or inco	mplete informatio	n may subject the	person signing t	his Report to the	ne penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOF Rev. 12/2	

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## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FFC Form 3X (Rev 02/2003

Page 2

	TEC FORM SX (Nev. 02/2003)		raye Z
	or Type Committee Name ERICAN ACADEMY OF EMERGE	ENCY MEDICINE POLITICAL ACTION	ON COMMITTEE AAEM PAC
Repor	t Covering the Period: From: 0	4 01 2016 To	: 06 30 / 2016 <u>. 2016</u>
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 2016		258094.87
(b)	Cash on Hand at Beginning of Reporting Period	255671.36	
(c)	Total Receipts (from Line 19)	3296.98	14568.47
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	258968.34 (2)	272663.34
7. Tot	al Disbursements (from Line 31)	0.00	13695.00
Re	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	258968.34	258968.34

 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ......

the Committee (Itemize all on

Schedule C and/or Schedule D) .....

10. Debts and Obligations Owed BY

0.00

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2000.00 7500.00 (i) Itemized (use Schedule A)..... 1215.00 6900.00 (ii) Unitemized ..... (iii) TOTAL (add 14400.00 3215.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 14400.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made

17.	Other Federal Receipts	
	(Dividends, Interest, etc.)	81.98
18.	Transfers from Non-Federal and Levin Funds	
	(a) Non-Federal Account	
	(from Schedule H3)	0.00
	(b) Levin Funds (from Schedule H5)	0.00
	· · ·	

Д	3-60)	0.00
	.d	0.00
	A (1) E A (7)	0.00 7 7 63 X

0.00

168.47

19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶
20.	Total Federal Receipts

(subtract Line-18(c) from Line 19) ....... ▶

(c) Total Transfers (add 18(a) and 18(b))..

to Federal Candidates and Other

Political Committees.....

3296.98	14568.47
3296.98	14568.47

0.00

0.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) i edetai Silate	terrestant de la companya de la comp	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	195.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	195.00
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	tanandanandanandanandanandanandanandana	
	and Other Political Committees	0.00	13500.00
4.	Independent Expenditures	0.00	0.00
5.	(use Schedule E) Coordinated Party Expenditures	head on the San Barrier Don Barrier Commence	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
			0.00
	Loans Made Refunds of Contributions To:	0.00	
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man Folitical Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	Secretaria de la contra del la cont	
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9.	Other Disbursements	0.00	0.00 
^	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity	•	
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
		Proping the state of the state	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		er state de la company de La company de la company de
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	13695.00
		American Character Constitution of the Constit	23
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Sarandamondamond manufamondamondamondamondamondamondamondamond	
	from Line 31)	0.00	13695.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3215.00	14400.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3215.00	1440.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	195.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	195.00

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 6 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11c 12 **Detailed Summary Page** 13

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

/	AMERICAN ACADEMIT OF EMER	GENCT MEDICINE POEMICAL AC	TION COMMITTEE ARENI FAC
۹.	Full Name (Last, First, Middle Initial) Dr. J. Allen Britvan		Date of Receipt
	Mailing Address 8 Spruce Hill Court		04 01 2016
	City	State Zip Code	Transaction ID : SA11AI.5192
	Pleasantville	NY 10570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	Memo Item
	Northeast Medical Group	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. David A. Farcy		Date of Receipt
	Mailing Address 1660 Cleveland Rd		05 25 <u>2016</u>
	City	State Zip Code	Transaction ID : SA11Al.5178
	Miami Beach	FL 33141-1719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	Memo Item
	David A. Farcy MD PA	Doctor	
	Receipt For:	Aggregate Year-to-Date ▼	•
	Primary General Other (specify) ▼	250,00	· ·
<del>-</del> -	Full Name (Last, First, Middle Initial) Dr. Christopher R. Grieves		Date of Receipt
	Mailing Address 2154 Dryden Rd		04 21 2016 .
	City	State Zip Code	Transaction ID : SA11AI.5180
	Houston	TX 77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	Memo Item
	LLC	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
s	SUBTOTAL of Receipts This Page (optional)	•	750.00
T	OTAL This Period (last page this line number of	only)	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) AMERICAN ACADEMY OF EM	ERGENCY MEDICINE POLITICAL A	CTION COMMITTEE AAEM PAC
Full Name (Last, First, Middle Initial)  Dr. Bruce E. Lohman		Date of Receipt
Mailing Address P.O. Box 39551		04 29 2016
City Los Angeles	State Zip Code CA 90039	Transaction ID : SA11AI.5182  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	- Memo Item
SOUTH VALLEY URGENT CARE	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. John R. Matjucha	•	Date of Receipt
Mailing Address 11 Judy Resnik Drive		05 29 _2016 _
City Randolph	State Zip Code NJ 07869	Transaction ID : SA11AI.5191  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Newark Beth Isreal	Occupation Dr.	Memo Item Individual Contributions over \$200
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500,00	
Full Name (Last, First, Middle Initial) Dr. P. John Simic Jr.	<del></del>	Date of Receipt
Mailing Address 506 University Ave		05 25 2016
City Burbank	State Zip Code CA 91504	Transaction ID : SA11Al.5184  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	CLAALLA	250.00
Name of Employer	Occupation	Memo Item
Burbank Emergency Medical Group	Physician	•
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	)	1000.00

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 8 OF 8 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC Full Name (Last, First, Middle Initial) Dr. Mark O. Simon Date of Receipt Mailing Address P O Box 70087 City State Zip Code Transaction ID : SA11AI.5186 AK 99707 Fairbanks Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Physician **GHEP** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

2000.00

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